

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

APPLICANT(S)

10/018834

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	
1	1						51					
2		1					52					
3		1					53					
4		1					54					
5		4					55					
6		4					56					
7		0					57					
8		0					58					
9		0					59					
10		0					60					
11		0					61					
12		0					62					
13		0					63					
14		0					64					
15		0					65					
16		0					66					
17		0					67					
18		0					68					
19		0					69					
20	1						70					
21		1					71					
22		1					72					
23		3					73					
24		0					74					
25		3					75					
26		3					76					
27		3					77					
28							78					
29							79					
30							80					
31							81					
32							82					
33							83					
34							84					
35							85					
36							86					
37							87					
38							88					
39							89					
40							90					
41							91					
42							92					
43							93					
44							94					
45							95					
46							96					
47							97					
48							98					
49							99					
50							100					
TOTAL	2						TOTAL					
IND.	36						IND.					
DEP.	38						DEP.					
TOTAL	74						TOTAL					
CLAIMS							CLAIMS					

1-1380 (3-98)

*MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

U.S. DEPARTMENT OF COMMERCE
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